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| **MUSHROOM GROWER INQUIRY AGARICUS AND SPECIALTY MUSHROOMS -** **July 1, 2016** | | | | | | | | |
|  | | | | | | | OMB No. 0535-0039  Approval Expires: 8/31/2016  Project Code: 194 QID: 060084  SMetaKey: 3649 Version 99 | |
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|  |  | |  | | | | **SURVEY_LOGO_1:USDA_logo_bw.gif** | **United States**  **Department of**  **Agriculture** |
|  |  | |  | | | | **nass_logo_bw.jpg** | **NATIONAL**  **AGRICULTURAL**  **STATISTICS**  **SERVICE** |
|  |  |  | |  |  |  | **USDA/NASS –** National  Northeastern Region  4050 Crums Mill Road, #203Harrisburg, PA 17112-2875  Phone: 1-800-551-1014  Fax: 1-855-270-2719  E-mail: NASSRFONER@nass.usda.gov | |
|  |  | |  |  |  |
| *Please make corrections to name, address and ZIP Code, if necessary.* | | | | | |
| The information you provide will be used for statistical purposes only. In accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107–347 and other applicable Federal laws, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. By law, every employee and agent has taken an oath and is subject to a jail term, a fine, or both if he or she willfully discloses ANY identifiable information about you or your operation.  Response is **voluntary**.  According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB number is 0535-0039. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. | | | | | | | | |

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| **INSTRUCTIONS:** |
| Report for the Mushroom Houses (beds) you operate. Include space owned by you as well as  leased from others. |

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| 1. Did you grow Agaricus mushrooms including White Button, Crimini, and Portabello varieties **anytime** during the year July 1, 2015 to June 30, 2016? | | |
| Yes, | Go to Section 1, page 2 |  |
| No, | Continue |  |
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| 2. Did you grow Specialty mushrooms (Shiitake, Oysters or Other Specialty)  during the year July 1, 2015 to June 30, 2016), | |
| Yes, | Go to Section 2, page 4 |
| No, | Go to Section 3, page 6 |

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| **SECTION 1: AGARICUS MUSHROOMS FOR THE YEAR ENDING JUNE 30, 2016** |

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|  | | | **Square Feet** | |
| 1. What were the **total square feet of growing area** used for harvesting **Agaricus** mushrooms during the year July 1, 2015 to June 30, 2016? **Include** tray system operations.. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | 301 | |
|  | | | **Square Feet** | |
| 1a. How much total square footage was filled annually for the production of **Agaricus** mushrooms? **Include** all fillings.. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | 302 | |
|  | | |  | |
|  | | | **Pounds** | |
| 2. What were the **total pounds of Agaricus mushrooms sold** July 1, 2015 to  June 30, 2016 from the total square feet reported in Question 1a? **Include** White button, Crimini, and Portabello varieties.. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | 303 | |
|  | | |  | |
| 3. For the **total Agaricus mushrooms** sold (Question 2), please report the pounds and value of sales for the following categories. Report grower value at point of first sale. For firms which grow and process their own mushrooms, value reported should be before processing (3bii). If the answer to any question is “None”, please check the “None” box. | | | | |
|  | **None** | **Pounds** | | **Value**  **(Whole Dollars)** |
| a. **Fresh Market Agaricus mushrooms packed**  by your firm. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | 304 | | 305  $ |
| b. **Total Agaricus mushrooms Sold to Brokers or Repackers. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .** |  | 306 | | 307  $ |
| (i) For Fresh Market Use. . . . . . . . . . . . . . . . . . . . . . . . |  | 308 | | 309  $ |
| (ii) For Processing. . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | 310 | | 311  $ |
| c. **Agaricus mushrooms Sold directly to Canners or Freezers. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .** |  | 312 | | 313  $ |
|  | | | | |
| (Note: Sum of the pounds in 3a, 3b, and 3c should equal Question 2 above.) | | | | |
|  | | | **Pounds** | |
| 4. Of the total pounds of Agaricus mushrooms sold (Question 2), how many pounds were **grown certified organic?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .** | | | 314 | |
|  | | | **Pounds** | |
| 4a. How many pounds (Question 4) were **sold as certified organic mushrooms?. . .** | | | 315 | |

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| 5. Did this operation grow any **BROWN Agaricus** mushrooms (Portabello or Crimini) from July 1, 2015 to June 30, 2016? | | | | |  | | |
| YES, Continue | | | | |  | | |
| NO, Go to **Question 7** | | | | |  | | |
|  | | | | | **Pounds** | | |
| 6. What were the total pounds of **Brown** Agaricus mushrooms sold  July 1, 2015 to June 30, 2016 from the total square feet reported in Question 1a?  (**Include** Portabello and Crimini type mushrooms only.). . . . . . . . . . . . . . . . . . . . . . . . . | | | | | 316 | | |
|  | | |  | | |  | |
| Please report by category: If the answer is “None”, please check the “None” box. | **None** | | **Pounds** | | | **Value**  **(Whole Dollars)** | |
| a. **Fresh Market Brown Agaricus packed by your firm. . . . . . . .** |  | | 317 | | | 318  $ | |
| b. **Brown Agaricus Sold to Brokers or Repackers (Total) . . . . .** |  | | 319 | | | 320  $ | |
| c. **Brown Agaricus Sold directly to Canners or Freezers. . . . . .** |  | | 325 | | | 326  $ | | |
|  | | | | | | |
| (Note: Sum of the pounds in 6a, 6b, and 6c should equal Question 6 above.) | | | | | | | |
|  | | | | | | | |
| 7. What is the total square footage of Agaricus mushrooms you intend to fill between July 1, 2016 and June 30, 2017? | | | | | | | |
|  | |  | | **Square Feet** | | | |
| a. For fresh market?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | **+** | | 327 | | | |
| b. For the processing market?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | **+** | | 328 | | | |
| c. Total Fillings (sum of 1a + 1b). . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | **=** | | 329 | | | |
|  | | | | | | | |
| 8. Did you grow **specialty mushrooms** (Shitake, Oysters or Other Specialty) during the year July 1, 2015 to June 30, 2016? | | | | | | | |
| Yes, Go to Section 2 | | | | | | | |
| No, Go to Section 4, page 6 | | | | | | | |

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| **SECTION 2: SPECIALTY MUSHROOMS FOR THE YEAR ENDING JUNE 30, 2016** |

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| **LIST OF SOME SPECIALTY MUSHROOMS** | | | | | |
| **•** Shiitake (Lentinus edodes) – Black Mushroom, Oak Mushroom  **•** Oyster Mushroom, Trumpet, Hiratake, Mukurojitake, or Shimeji (Pleurotus species)  **•** Enoki (Flammulina velutipes) – Winter Mushroom, Golden Needles, Velvet Stem, King Oyster,  **•** Naneko (Pholiota nameko) (Kuchneromyces nameko)  **•** Maitake (Grifola frondosa) (Polyporus frondosa) – Dancing Mushroom, Hen of the Woods  **•** Hon-Shimeji (Lycophyllum species) – “Real Shimeji”  **•** Kikurage (Auricularia species) – Wood Ears  **•** Shirokikurage (Tremelia fuciformis) – Snow Fungus, Silver Ear  **•** Fukurotake (Volvariella volvacea) – Paddy Straw Mushroom  **•** Morel  **•** Butter Mushroom (Pholiata aurivella)  **•** Beech (Hypizygus Tussulahas)  **•** Pom Pom (Huricium Erinaceus) | | | | |  |
|  | | | | |  |
| 1.What was the number of natural wood logs and square feet of other growing area from which specialty mushrooms were harvested during the year July 1, 2015 to June 30, 2016? | | | | | |
|  |  |  |  |  |  |
|  |  | **Shiitake**  **(Lentinus)** | **Oysters**  **(Pleurotus)** | **Other**  **(Specify)**  \_\_\_\_\_\_\_\_\_\_\_\_ | **Other**  **(Specify)**  \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Outdoors**  a. Number of natural wood logs. . . . . . . . . . . . . . . . . | **Number** | 401 | 402 | 403 | 404 |
| **Under Cover and Indoors**  b. Number of natural wood logs. . . . . . . . . . . . . . . . . | **Number** | 405 | 406 | 407 | 408 |
| c. Square feet of growing area used for all other types of production media (include area used for trays, bags, artificial logs, bottles, sawdust, etc. but exclude natural wood log | **Sq. ft.** | 409 | 410 | 411 | 412 |

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| 2. What were the total pounds of specialty mushrooms harvested July 1, 2015 to June 30, 2016? | | | | | | | | | | |
|  | | |  | | **Shiitake**  **(Lentinus)** | | **Oysters**  **(Pleurotus)** | | **Other**  **(Specify)**  \_\_\_\_\_\_\_\_\_\_\_\_ | **Other**  **(Specify)**  \_\_\_\_\_\_\_\_\_\_\_\_ |
|  | | | **Pounds** | | 413 | | 414 | | 415 | 416 |
|  | | |  | |  | |  | |  |  |
| 3.For total specialty mushrooms harvested (Question 2), please report the pounds and value of sales for the following categories. Report grower value at point of first sale. For firms which grow and process their own mushrooms, value reported should be before processing. If the answer is “None” please check the “None” box. | | | | | | | | | | |
|  | **None** |  | | | **Shiitake**  **(Lentinus)** | | **Oysters**  **(Pleurotus)** | | **Other**  **(Specify)**  \_\_\_\_\_\_\_\_\_\_\_\_ | **Other**  **(Specify)**  \_\_\_\_\_\_\_\_\_\_\_\_ |
| a. **Harvested, but not sold** (Shrinkage, cullage, dumped, etc.). . . . . . . . . . |  | **Pounds** | | | 417 | | 418 | | 419 | 420 |
| b. **Total pounds harvested and sold** including mushrooms produced for fresh market and processing. . . . |  | **Pounds** | | | 421 | | 422 | | 423 | 424 |
| c. **Value of mushrooms sold. . . . . . . . .** |  | **(Whole Dollars)** | | | 425 | | 426 | | 427 | 428 |
|  | |  | | |  | |  | |  |  |
| 4. Of the total pounds of specialty mushrooms sold (Question 3b), how many pounds were **grown certified organic?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .** | | | | | | | | | **Pounds** | 437 |
|  | | | |  | |  | |  |  |  |
| a. How many pounds of Question 4 were **sold as certified organic mushrooms**?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | | | | | | | **Pounds** | 438 |
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| **SECTION 3: CHANGE IN OPERATOR**  Complete this section only if you did not grow Agaricus or Specialty mushrooms during the year  July 1, 2015 to June 30, 2016. |

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| 1. If change in owner or leasing arrangement: | |  |
| Name of firm: |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date beds were transferred: |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Operator of beds of remainder of year: |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City, State & Zip Code |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Telephone No. |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SECTION 4: OTHER** |

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| 1. Did you produce any mushrooms under any other firm name or with any other person during the year ending June 30, 2016? | | | |
| 1a. If YES, please list the names below and check “YES” or “NO” to indicate if they are included in your report: | | | |
| (1)      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Yes  No |
| (2)      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Yes  No |
| Location of mushroom houses: | State: 60 . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | County:55 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **SECTION 5: PLEASE LIST ANY NEW MUSHROOM GROWERS IN YOUR AREA** |

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| Name of Firm | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| Operator | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| City, State, & Zip Code | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Telephone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **THANK YOU FOR YOUR COOPERATION**  **Please print the information below for the person completing this form.** | | |
| Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Area Code and Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **NOTES/COMMENTS:** |

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| **SURVEY RESULTS:** To receive the complete results of this survey on the release date, go to: [www.nass.usda.gov/Surveys/Guide\_to\_NASS\_Surveys/](http://www.nass.usda.gov/Surveys/Guide_to_NASS_Surveys/). | | |
| Would you rather have a brief summary sent to you at a later date? | 1Yes 3No | 9990 |

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| Respondent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | 9911  Phone: ( ) | | | | | | 9910 MM DD YY  Date: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ | | | | |
|  | | | | | | | | | | | | | | | |
| **Office Use** | | | | | | | | | | | | | | | |
| **Response** | | **Respondent** | | **Mode** | | | **Enum.** | **Eval.** | **R. Unit** | **Change** | **Office Use for POID** | | | | |
| 1-Comp  2-R  3-Inac  4-Office Hold  5-R – Est  6-Inac – Est  7-Off Hold – Est  8-Known Zero | 9901 | 1-Op/Mgr  2-Sp  3-Acct/Bkpr  4-Partner  9-Oth | 9902 | 1-Mail  2-Tel  3-Face-to-Face  4-CATI  5-Web  6-e-mail  7-Fax  8-CAPI  19-Other | | 9903 | 9998 | 9900 | 9921 | 9985 | 9989  \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ | | | | |
|  | | | | |
| **Optional Use** | | | | |
| 9907 | 9908 | 9906 | | 9916 |
| S/E Name | | | | | | |  |  | | |  | | |  | |